

10/009294

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	n/a- 10/009,294
Filing Date	Herewith- 04/20/2000
First Named Inventor	HEATON, Keith
Title	WOUND TREATMENT APPARATUS EMPLOYING REDUCED PRESSURE
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.704.US

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

**SIGNATURE of Applicant or Assignee of Record**

Name

Keith Patrick Heaton

Signature

K P Heaton

Date

22nd May 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 (two) forms are submitted.

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PTO/SB/81 (02-01)

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I am the:

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name Kenneth William Hunt

Signature *Kenneth William Hunt*

Date

22nd May 2002.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	<b>Attorney Docket Number</b> VAC.704.US	
	<b>First Named Inventor</b> HEATON, Keith	
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b> 10 / 009,294	<b>Filing Date</b> Herewith 04/20/2000
<b>Group Art Unit</b> n/a	<b>Examiner Name</b> n/a	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WOUND TREATMENT APPARATUS EMPLOYING REDUCED PRESSURE

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

04/20/2000

as United States Application Number or PCT International

Application Number PCT/GB00/01566

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
GB 9909301.5	Great Britain GB	04/22/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					

(Page 1 of 2)

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## DECLARATION Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **30159** OR ☐ Correspondence address below

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State **TX**

ZIP **78265-9508**

Country **US**

Telephone **210-255-4543**

Fax **210-255-4440**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Keith Patrick**

Family Name or Surname **Heaton**

Inventor's Signature **K.P. Heaton**

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Country **GB**

Citizenship **GB**

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State **Dorset**

ZIP **BH14 ODG**

Country **GB**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any)) **Kenneth William**

Family Name or Surname **Hunt**

Inventor's Signature **K.W. Hunt**

Date **22nd May 2002**

Residence: City **Merley, Wimborne**

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Citizenship **GB**

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State **Dorset**

ZIP **BH21 1TY**

Country **GB**

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.